

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A. 921 Office of Registrar of Vital Statistics. Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH

Date of Death,

July 2nd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Wenise Ann Weaver

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, Seven Months, Seventeen Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore Md.

Duration of Residence in the City of Baltimore, All her life

Place of Death, { Give Street and Number. }

934 W Stricker St

Cause of Death, { First (Primary), Sholera Infantum }

Second (Immediate), "

Duration of Last Sickness,

9 days

All the above information should be furnished by the Physician.

Place of Burial, Alvarez Wifry

Date of Burial, July 6th 1887

Undertaker, J. B. Brough

Place of Business, 1108 Penna Address, 212 Franklin St

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

(4778)

Health Department, City of Baltimore.

Permit No. A. 922 Office of Registrar of Vital Statistics. Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, *or sooner*, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, Monday July 4th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Edward Habenski

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, 10 Years, 10 Months, — Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Single

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore city

Duration of Residence in the City of Baltimore, during life time.

Place of Death, { Give Street and Number. } 107 (old No) Chesapeake St

Cause of Death, { First (Primary), Cholera infantum
Second (Immediate), colaps do }

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Rm

Date of Burial, July 5 87

{ Undertaker, Felix Broskowsky, Jr.

{ Place of Business, 1737 Orleans Street, Address, 2830 O'Donnell St

JUL 5 1887
BALTIMORE MD

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

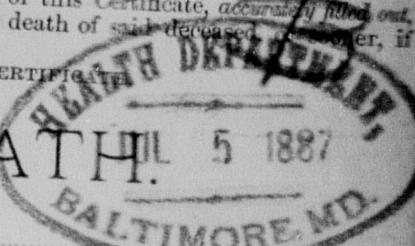
Office of Registrar of Vital Statistics. Ward 5

Permit No. A 923

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased. *Coroner, if requested so to do, under penalty of law.*

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

July 3rd 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Katie A. Semmler

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

Months,

49 Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

None

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Bethel

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give Street and Number. }

616 N. Bethel St

Cause of Death, { First (Primary),

Marasmus

Second (Immediate),

7 days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 5, 1887

J. J. Groves

M. D.

{ Undertaker, Henry M. Gaines

Medical Attendant.

{ Place of Business, 200 N. Central Ave., 1437 Ober Co.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. **A 924**

Office of Registrar of Vital Statistics.

Ward **18**

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately fill out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or soon requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH



Date of Death,

July 4, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

John Hitler

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age,

Years,

9

Months,

Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Single

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. }

206 W. Charles Street

Cause of Death, { First (Primary), Cholera Infantum
Second (Immediate), }

Duration of Last Sickness,

8 days

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cemetery

Date of Burial, July 5th /87

Undertaker, Geo E. Brown

M. D.

Place of Business, Health Office Address, Craig & C

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

H. C. Seward, Jr. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.
Permit No. A. 925 Office of Registrar of Vital Statistics. Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death,

July 5th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

John Franks

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, _____ Years, 5 Months, 21 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore, Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give Street and Number. } # 810 North Wolfe St.

Cause of Death, { First (Primary), Cholera Infantum
Second (Immediate), Deutition }

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 5th 1887

Undertaker, J. E. Hooke M. D.

Place of Business, 300 N. Broadway, Address, 1519 E Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.
A 926 Office of Registrar of Vital Statistics. Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH

Date of Death,

July 5th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Chas. W. Neckarwitz

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 6 Months, 21 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

1 year

Place of Death, { Give Street and Number. }

704 William St.

Cause of Death, { First (Primary),

Enteritis

Second (Immediate),

Duration of Last Sickness,

2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, July 6 1887

Undertaker, Bernard Harle

Place of Business, 115 West St.

R. J. McTall, M. D.

Medical Attendant.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 727
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

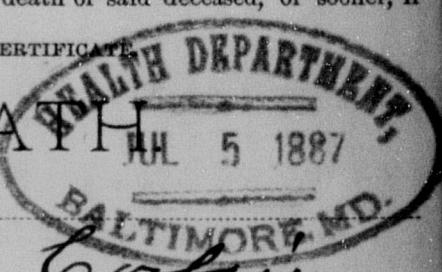
Health Department, City of Baltimore.

Permit No. A. 927

Office of Registrar of Vital Statistics. Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH

Date of Death,

July 5th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Warren J. Corbin

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, Twenty four Years,

Months,

Days

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Married

Occupation, Doctor

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Virginia

Duration of Residence in the City of Baltimore, Three years

Place of Death, { Give Street and Number. }

679 Mulberry St.

Cause of Death, { First (Primary),

Influenza Fever

Second (Immediate),

"

Duration of Last Sickness,

Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 6 1887.

Undertaker, Alex. Hensley

Place of Business, 661 Orchard St.

Sir as Baldwin M. D.

Medical Attendant.

Address, 639 Dauphin St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A. 928 Office of Registrar of Vital Statistics. Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 4 Months, 21 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. }

Cause of Death, { First (Primary),
Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, July 5

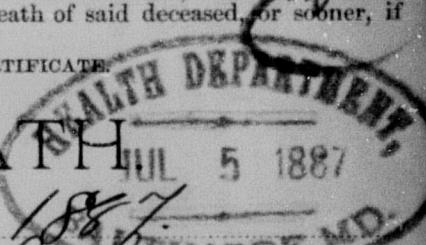
Undertaker, J. B. Cook

Place of Business, 1113 W. Baltimore Address, 1327 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



Board of Health, City of Baltimore.

Permit No. A. 919 Office of Registrar of Vital Statistics. Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 8th 1887

Full Name of Deceased, { Write legibly and spell correctly. If Infant not named, give names of parents.

Sex, Male or Female, { Cross out the word not required in this line.

Age, Years, 3 Months, Days,

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line.

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number.

Cause of Death, { First (Primary).

Cause of Death, { Second (Immediate).

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet cemetery

Date of Burial, July 5th 1887

Undertaker, Jas B. Cook

Place of Business, 1003 W Baltimore

Geo. P. Brown, M. D.

Medical Attendant.

Address, 576 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.
Office of Registrar of Vital Statistics. Ward 15

Permit No. A 930 The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death,

July 4th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Chas. H. Bras

Sex, Male or Female, { Cross out the word not required in this line. }

Age, _____

Years, 4

Months, 2

Days.

Color, red

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. }

6 Hughes St.

Cause of Death, { First (Primary),
Second (Immediate), }

Cholera Infantum
Marasmus

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem

Date of Burial, July 5th 1887

{ Undertaker, Sorrell & Handy }

{ Place of Business, 416 Cross St }

John Gowen M. D.

Medical Attendant.

Address, 610 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]